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S.D. SEC. OF STATE

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>Corson Sioux County News-Messenger</u>		2. DATE <u>Sept. 22, 2009</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE <u>\$28<sup>00</sup> local / 33<sup>00</sup> outside Area</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>202 1st Ave West, McLaughlin, SD, Corson County 57642</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>Corson/Sioux County News-Messenger, P.O. Box 788, McLaughlin, SD 57642</u>		
6. FULL NAME OF PUBLISHER <u>Kerry James Larson</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <u>Kerry James Larson</u>		COMPLETE MAILING ADDRESS <u>P.O. Box 788, McLaughlin, SD 57642</u>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <u>Lavone Loftgren</u>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>1300</u>	<u>1300</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<u>370</u>	<u>385</u>
2. Mail Subscription (Paid and or requested)	<u>844</u>	<u>834</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>1214</u>	<u>1219</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<u>10</u>	<u>10</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<u>10</u>	<u>10</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>1224</u>	<u>1229</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>76</u>	<u>71</u>
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<u>1300</u>	<u>1300</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

Kerry Larson  
(Signature)

Publisher  
(Title)

State of South Dakota )  
County of Corson )

(Seal)

Sworn to before me this 22 day of Sept, 2009

Shawn Hamby  
Notary Public

My commission expires: 3-30-2015